Entity N	umber 135911	Applicant's Farm I		sterv10 2007-2008
Contact	Loff Liberton	_ Applicant's Form Id	N	stery10 2007-2008 ber 815-626-5050
	Discount Funding Request(s)	Phone	Num	ber
Instructi for which	ions: Use one Block 5 page for EACH service (Fur a you are requesting discounts. Make as many cop and number the completed pages to assure that the	pies of this page as		
10	If this is a duplicate Funding Request (e.g., etc.), check this box and enter the original F	of an FRN that is not ye RN in the space provid	et app	proved, under appeal,
11	Category of Service (only ONE category should	d be checked)	:	23 Calculations
	PRIORITY 1 Telecommunications Service PRIORITY 2 Internal Connections Maintenance	Other than Basic		A. Monthly charges (total amount per month for service) \$873.97
X	Internet Access Basic Maintenance of Connections	of Internal		AND THE PROPERTY OF THE PROPER
12	Form 470 Application Number		S	
	329000000570812		Charges	B. How much of the amount in A is ineligible?
13	SPIN – Service Provider Identification Number	r	Recurring	C. Eligible monthly pre-discount amount (A minus B)
14	Service Provider Name		S.	\$873.97
	SBC ILLINOIS			D. Number of months service provided in funding year
	Charlettic bar White Fred to B.			E. Annual pre-discount amount for eligible recurring charges (C x D) \$10,487.64
15a	Check this box if this Funding Request is for tariffed or month-to-month services.	non-contracted	S	F. Annual non-recurring charges
15b	Contract Number		Non-Recurring Charges	\$0.00
15c	Check this box if this Funding Request is covered under a contract negotiated by a third party, the terms and condition available to an eligible entity that purchases directly from the	ns of which are then made	ecurring	G. How much of the amount in F is ineligible?
15d	Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. 142557 If so, provide that FRN here:		Non-R	
16a	Billing Account Number (e.g., billed telephone num 244540102	aber)		
16b	Check this box if there are multiple Billing Account complete list of those numbers to this page.			H. Annual eligible pre-discount amount for non-recurring charges (F minus G)
17	Allowable Vendor Selection/Contract Date (mm (based on Form 470 filing)	02/09/2007		\$0.00
18	Contract Award Date (mm/dd/yyyy)			Total funding year pre-discount amount (E + H)
19	Service Start Date (mm/dd/yyyy) 07/01/2007		Total Charges	\$10,487,64
20a	Service End Date (mm/dd/yyyy) 06/30/2008		al Ch	J. Discount from Block 4 Worksheet 56%
20b	Contract Expiration Date (mm/dd/yyyy)		Tot	K. Funding Commitment Request (I x J) \$5,873.0
21 You N	Description of This Service: MUST attach a description of the service, including a breal	kdown of company	+-	Attachment
numb	vides I attach a description of the service, including a breat ifacturer name, make and model number. You must inclu- pers if the billed account has multiple numbers. Label the mote number in space provided.	de any additional account	or tele	phone lumber, Attachment #1 57
22	Entity/Entities Receiving This Service:	a. If the service is site-sp and not shared by other the entity from Block 4 rd b. If the service is share worksheet, list the works	s), list eceivir d by a	the Entity Number of ag this service:

Entity N	135911	Application = 1	-00	stery10 2007-2008
Contact	loff Linner	Applicant's Form Ide		045 000 5050
***************************************	T el soli	Phone N	umbe	r
Instruction for which	Discount Funding Request(s) ions: Use one Block 5 page for EACH service (Funding you are requesting discounts. Make as many copies and number the completed pages to assure that they	of this page as	rectly.	Block 5, page 3 of 6
10	If this is a duplicate Funding Request (e.g., of a etc.), check this box and enter the original FRN	an FRN that is not yet I in the space provide	appro d:	
11	Category of Service (only ONE category should be	e checked)	2:	3 Calculations
X	PRIORITY 1 Telecommunications Service PRIORITY 2 Internal Connections Of Maintenance Basic Maintenance of In		A	. Monthly charges (total amount per month for service) \$974.97
40	Connections			
12	Form 470 Application Number 329000000570812			. How much of the amount in A is ineligible?
13	SPIN – Service Provider Identification Number 143001912		C	Eligible monthly pre-discount amount (A minus B)
14	Service Provider Name		Ľ	\$974.97
	SBC ILLINOIS			. Number of months service provided in funding year 12 Annual pre-discount amount for eligible recurring charges
45	Check this box if this Funding Request is for no	un-contracted	-	(C x D) \$11,699.64
15a	tariffed or month-to-month services. Contract Number			. Annual non-recurring charges
15b			g charges	\$0.00
15c	Check this box if this Funding Request is covered under a mast contract negotiated by a third party, the terms and conditions of available to an eligible entity that purchases directly from the se	f which are then made		. How much of the amount in F is ineligible?
15d	Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:	stree providery.	Non-Recurring	\$0.00
16a	Billing Account Number (e.g., billed telephone number 815R1707874437	7)		
16b	Check this box if there are multiple Billing Account Nur complete list of those numbers to this page.	mbers and attach a	Н	. Annual eligible pre-discount amount for non-recurring charges (F minus G)
17	Allowable Vendor Selection/Contract Date (mm/dd. (based on Form 470 filing)	/yyyy) 02/09/2007		\$0.00
18	Contract Award Date (mm/dd/yyyyy)		1.	Total funding year pre-discount amount (E + H)
19	Service Start Date (mm/dd/yyyy) 07/01/2007		Total Charges	\$11,699.64
20a	Service End Date (mm/dd/yyyy) 06/30/2008		J	. Discount from Block 4 Worksheet 56%
20b	Contract Expiration Date (mm/dd/yyyy)		o k	S. Funding Commitment Request (I x J) \$6,551.80
numb	Description of This Service: MUST attach a description of the service, including a breakdoutfacturer name, make and model number. You must include a pers if the billed account has multiple numbers. Label the destrote number in space provided.	any additional account or scription with an Attachm	r teleph ent Nur	mber,
22	Entity/Entities Receiving This Service: a th	 If the service is site-spend not shared by others) he entity from Block 4 red If the service is shared worksheet, list the worksh 	, list the ceiving by all e	e Entity Number of this service:

135911 **Entity Number** stery10 2007-2008 Applicant's Form Identifier Jeff Hippen 815-626-5050 Contact Person **Phone Number** Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) Block 5, page for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly. If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, 10 etc.), check this box and enter the original FRN in the space provided: Category of Service (only ONE category should be checked) 23 Calculations 11 PRIORITY 2 A. Monthly charges (total amount per month for service) PRIORITY 1 Internal Connections Other than Basic Telecommunications Maintenance Service Basic Maintenance of Internal Internet Access Connections 12 Form 470 Application Number Recurring Charges 329000000570812 B. How much of the amount in A is ineligible? \$0.00 SPIN – Service Provider Identification Number 13 143001912 C. Eligible monthly pre-discount amount (A minus B) \$231.00 14 Service Provider Name D. Number of months service provided in funding year SBC ILLINOIS 12 E. Annual pre-discount amount for eligible recurring charges (C x D) \$2,772.00 Check this box if this Funding Request is for non-contracted 15a F. Annual non-recurring charges tariffed or month-to-month services Non-Recurring Charges **Contract Number** 15b \$0.00 Check this box if this Funding Request is covered under a master contract (a 15c G. How much of the amount in F is ineligible? contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider). Check this box if this Funding Request is a 15d continuation of an FRN from a previous funding year based on a multi-year contract. 1426144 If so, provide that FRN here: Billing Account Number (e.g., billed telephone number) 16a 823305999 Check this box if there are multiple Billing Account Numbers and attach a H. Annual eligible pre-discount amount for non-recurring charges 16b complete list of those numbers to this page. (F minus G) Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 17 02/09/2007 Contract Award Date (mm/dd/yyyy) 18 1. Total funding year pre-discount amount (E + H) Service Start Date (mm/dd/yyyy) Charges 19 Service End Date (mm/dd/yyyy) J. Discount from Block 4 Worksheet 20a 56% Total **Contract Expiration Date** K. Funding Commitment Request (I x J) 20b (mm/dd/yyyy) \$1,552.32 21 Description of This Service: Attachment You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone Attacment #4 numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided. a. If the service is site-specific (provided to one site 22 Entity/Entities Receiving This Service: and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):

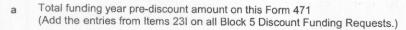
Entity N	umber 135911	Applicant's Form Identifie	er stery10 2007-2008
Contact	loff Linnon	Phone Numb	er 815-626-5050
Instructi for which	Discount Funding Request(s) ions: Use one Block 5 page for EACH service (Funding you are requesting discounts. Make as many copies and number the completed pages to assure that they	ng Request Number)	Block 5, page 5 of 6
10	If this is a duplicate Funding Request (e.g., of a etc.), check this box and enter the original FRN	in FRN that is not yet appring the space provided:	oved, under appeal,
11	Category of Service (only ONE category should be	checked)	23 Calculations
×	PRIORITY 1 Telecommunications Service Internet Access PRIORITY 2 Internal Connections Off Maintenance Basic Maintenance of Internations Connections	her than Basic	A. Monthly charges (total amount per month for service) \$98.33
12	Form 470 Application Number 329000000570812 SPIN – Service Provider Identification Number	Cha	B. How much of the amount in A is ineligible?
14	143001912 Service Provider Name	Recurring	C. Eligible monthly pre-discount amount (A minus B) \$98.33
	SBC ILLINOIS		D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) \$1,179.96
15a	Check this box if this Funding Request is for nor tariffed or month-to-month services.	1 1	F. Annual non-recurring charges
15b	Contract Number	g Charges	\$0.0
15c	Check this box if this Funding Request is covered under a mast contract negotiated by a third party, the terms and conditions of available to an eligible entity that purchases directly from the se Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:	which are then made	G. How much of the amount in F is ineligible?
16a	Billing Account Number (e.g., billed telephone number) 815Z99-16617687		
16b	Check this box if there are multiple Billing Account Nuncomplete list of those numbers to this page. Allowable Vendor Selection/Contract Date (mm/dd/		 H. Annual eligible pre-discount amount for non-recurring charges (F minus G)
17	(based on Form 470 filing)	02/09/2007	\$0,00
18	Contract Award Date (mm/dd/yyyy)		I. Total funding year pre-discount amount (E + H)
19	Service Start Date (mm/dd/yyyy) 07/01/2007	arges	\$1,179.9
20a	Service End Date (mm/dd/yyyy) 06/30/2008	tal	J. Discount from Block 4 Worksheet 569
20b	Contract Expiration Date (mm/dd/yyyy)	ToO	K. Funding Commitment Request (I x J) \$660.7
numb	Description of This Service: MUST attach a description of the service, including a breakdov facturer name, make and model number. You must include a ers if the billed account has multiple numbers. Label the description of the service number in space provided.	ny additional account or telepl cription with an Attachment Nu	umber,
22	Entity/Entities Receiving This Service: arth. b.	If the service is site-specific (pnd not shared by others), list the entity from Block 4 receiving. If the service is shared by all orksheet, list the worksheet nu	ne Entity Number of g this service:

Entity N	lumber 135911 Applicant's Face	. 11	ifier stery10 2007-2008				
	Applicant S I OII	n ident	nber 815-626-5050				
	: Discount Funding Request(s)	ne Nur	nber				
for which	ions: Use one Block 5 page for EACH service (Funding Request Number to a requesting discounts. Make as many copies of this page as and number the completed pages to assure that they are all processed	1	Block 5, page 6 of 6 titly. The he assigned by administrator)				
10	If this is a duplicate Funding Request (e.g., of an FRN that is no etc.), check this box and enter the original FRN in the space pro	ot yet ap					
11	Category of Service (only ONE category should be checked) 23 Calculations						
	PRIORITY 1 Telecommunications Service PRIORITY 2 Internal Connections Other than Basic Maintenance		A. Monthly charges (total amount per month for service)				
X	Internet Access Basic Maintenance of Internal Connections		\$98.33				
12	Form 470 Application Number	es es					
- 10	329000000570812	y Charges	B. How much of the amount in A is ineligible?				
13	SPIN – Service Provider Identification Number 143001912	Recurring	C. Eligible monthly pre-discount amount (A minus B)				
14	Service Provider Name	7 2	\$98.33				
	SBC ILLINOIS		D. Number of months service provided in funding year				
15a	Check this box if this Funding Request is for non-contracted	-	E. Annual pre-discount amount for eligible recurring charges (C x D) \$1,796.96				
	tariffed or month-to-month services. Contract Number	l se	F. Annual non-recurring charges				
15b		g Charges	\$0.00				
15c	Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).	currin	G. How much of the amount in F is ineligible?				
15d	Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:	Non-Recurring	\$0.00				
16a	Billing Account Number (e.g., billed telephone number) 815Z95-02761935						
16b	Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.		H. Annual eligible pre-discount amount for non-recurring charges (F minus G)				
17	Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 02/09/2007		\$0.00				
18	Contract Award Date (mm/dd/yyyy)		Total funding year pre-discount amount (E + H)				
19	Service Start Date (mm/dd/yyyy) 07/01/2007	Total Charges	\$1,796.96				
20a	Service End Date (mm/dd/yyyy) 06/30/2008	tal Ch	J. Discount from Block 4 Worksheet 56%				
20b	Contract Expiration Date (mm/dd/yyyy)	Ţ	K. Funding Commitment Request (I x J) \$660.78				
21 You N	Description of This Service: UST attach a description of the service, including a breakdown of components,	coete	Attachment				
numb	facturer name, make and model number. You must include any additional accou ers if the billed account has multiple numbers. Label the description with an Atta ote number in space provided.	int or tale	ephone Number, Attachment #6				
22	Entity/Entities Receiving This Service: and not shared by oth the entity from Block	hers), list 4 receivi ared by a	all entities on a Block 4				

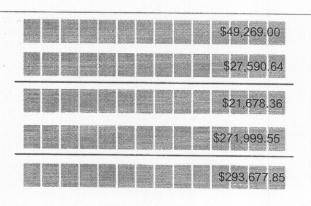
dity Number	135911	Applicant's Form Identifier	stery102007-2008
Contact Person	Jeff Hippen	Phone Number	815-626-9082

Block 6: Certifications and Signature

- 24 X I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)
 - schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7801(18) and (38), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
 - b libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary, secondary schools, colleges, or universities.
- I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).



- b Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)
- Total applicant non-discount share (Subtract Item 25b from Item 25a.)
- d Total budgeted amount allocated to resources not eligible for E-rate support
- Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)



- f Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e.
- I certify that all of the schools and libraries or library consortia listed in Block 4 of this application are covered by technology plans that are written, that cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body, and an SLD-certified technology plan approver, prior to the commencement of service. The plans were written at the following level(s):
 - a n individual technology plan for using the services requested in this application; and/or
 - b 🎆 higher-level technology plan(s) for using the services requested in this application; or
 - c no technology plan needed; applying for basic local, cellular, PCS, and/or long distance telephone service and/or voice mail only.
- 27 I certify that I posted my Form 470 and (if applicable) made my RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.
- 28 I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.
- I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. Sec. 54.500(k). Additionally, I certify that the Billed Entity has not received anything of value or a promise of anything of value, other than services and equipment requested under this form, from the service provider(s). or any representative or agent thereof or any consultant in
- I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

Attach#	SBC	Mo.		Yr.	SP	IN# 1430019	12
					569	% Disc	
1	Convergent Bill for Loca	ices					
	2445450102	\$1,829.15		21,949.80	\$	12,291.89	
1	Convergent Bill for Inter	net Access					
	2445450102	\$873.97	\$	10,487.64	\$	5,873.08	
2	Convergent Bill Grid - 2	2 pages					
3	Local Telecommunication	on Services	for	SHS			
	815 R17-0787 4437	\$974.97	_	11,699.64	\$	6,551.80	
4	Long Distance Telecommunication Services for the District						
	823305999	\$231.00		2,772.00	\$	1,552.32	
5	T-1 Line for Internet Acc	cess		<u> </u>			
	815Z99-16617687	\$98.33	\$	1,179.96	\$	660.78	
6	Wallace T-1 Line for Internet Access						
	815 Z95-02761935	\$98.33	\$	1,179.96	\$	660.78	
				49,269.00	\$	27,590.64	\$21,678.36
			25	5a	25b)	25c